PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													noer
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	1	OR	OTHER SMALL	
TO	OTAL CLAIMS		21				ŀ	RATE	FE	E		RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EE 385.	.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			21 minus 20=		•			X\$ 9=	-		OR	X\$18=	()
INDEPENDENT CLAIMS			√ minus 3 =		• 0			X43=		\dashv	OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					4.45	 			000	
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=	-		OR	+290=	
- A \									· L	J°	OR	TOTAL	788
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTIT	Υ (R	OTHER SMALL	
AMENDMENT A	Ì	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER OUSLY	PRESENT EXTRA		RATE	ADC TION FEE	AL		RATE	ADDI- TIONAL FEE
	Total	* 8	Minus	-2/	<u> </u>	<i> </i>		X\$ 9=			Á	X\$18=	
	Independent	انک	Minus 444 3			= /		X43=		Z)R	X86=	<i>)</i> ·
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			R	+290=	
TOTAL										-	ור י	TOTAL	
	•	VODIT. FE	E L		,,,	ADDIT. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH! NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADD TION	AL		RATE	ADDI- TIONAL FEE
	Total	*	Minus	*		=		X\$ 9=		lo	R	X\$18=	
	Independent	*	Minus	***		=		X43=		\exists_{\circ}	R	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		7	R	+290=	
										o	R,	TOTAL ADDIT. FEE	
		(Column 1)	,	(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE	\L.		RATE	ADDI- TIONAL FEE
	Total	•	Minus	44 1		=		X\$ 9=		\neg 。	_R [X\$18=	
	Independent	*	Minus			=		X43=	1		. †	X86=	
	FIRST PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										··· · · =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r four	nd in the a	ppropriate	box in	coh	ımn 1.	